

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/889130 FILING DATE

APPLICANT(S)

5/12/05

CLAIMS

AS FILED	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.						
1			1		51					
2			1		52					
3			1		53					
4			1		54					
5			1		55					
6			1		56					
7			1		57					
8			1		58					
9			1		59					
10			1		60					
11			1		61					
12			1		62					
13					63					
14					64					
15					65					
16					66					
17					67					
18					68					
19					69					
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27					77					
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35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.			1		TOTAL IND.					
TOTAL DEP.			9		TOTAL DEP.					
TOTAL CLAIMS			10		TOTAL CLAIMS					